PTO/SB/17 (12-04v2)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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JAN 29 2019 PARADEMAN

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for	FY	20	05	

/				
	Applicant claims small entity status	See	37 CF	R 1.27

(\$)	1110.00

Filing Date January 31, 2005 First Named Inventor Maxim Borisovich Belotserkovsky Examiner Name Ian N. Moore 2416		
Application Number	10/523,450	
Filing Date	January 31, 2005	
First Named Inventor	Maxim Borisovich Belotserkovsky	
Examiner Name	lan N. Moore	
Art Unit	2416	
Attorney Docket No.	PU020353	

TOTAL AMOUNT O	F PAYMENT	(\$) 1110.	00	Attorney Docket No.	PU020353		
METHOD OF PAYMENT	(check all that ap	oply)					
Check Cr	edit card [Money Ord	ier	☐ None	Other (pleas	se identify):	
□ Deposit Accour		ount Number 07-0	832	Deposit Account N	lame: TH	OMSON LICENSII	NG LLC.
				y authorized to: (che	ck all that apply)	
	ee(s) indicate	ed below		☐ Charge fee	(s) indicated b	elow, excep	t for the filing fee
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fee(s) under							
WARNING: Information information and author			ic. Credit card Ir	iformation should not	be included on t	his form. Provi	de credit card
FEE CALCULATION							
1. BASIC FILING, SE							
	FILING F	EES Small Entity	SEAR	CH FEES Small Entity	EXAMINAT	ION FEES Small E	ntity
A II - adia - T			Fac (\$)		Fee (\$)		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM F	EES					Small E	Entity
Fee Description					<u>Fee</u>	(\$)	Fee (\$)
Each claim over 20 (incl	uding Reissues)			50		25
Each independent claim	over 3 (includir	ng Reissues)			200		100
Multiple dependent claim	ns				360		180
Total Claims	Ex	tra Claims	Fee (\$)	Fee Paid (\$)		tiple Depende	
	or HP =	x		-	<u>Fee</u>	<u>(\$)</u>	Fee Paid (\$)
HP = highest number of	total claims pai	d for, if greater tha	n 20.				
Independent Claims		tra Claims	Fee (\$)	Fee Paid (\$)			
- 3 (or HP = independent cla	x aims paid for, if gre	ater than 3.				
3. APPLICATION SIZ	7F FFF						
If the specification an		vcood 100 shoot	s of naner (eyo	luding electronically	filed sequence o	r computer	
listings under 37 CFR	_			•	•	-	
sheets or fraction the					ity) for caon acc	illional oo	
Total Sheets	Extra Sh	eets <u>N</u> u	mber of each	additional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
400			- ·				_
- 100 =		/ 50 =	(rou	nd up to a whole nur	nber) x		
4. OTHER FEE(S)							Fees Paid (\$)
Extension for respons	se within third	month					1110.00
Extension for respons	oo maaa aaa						

SUBMITTED BY						_
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-4599	
Signature	Mus	9//			Date: 1/25/10	

This collection of information is required by 37 CFR 1.136. The inforgation is required to obtain on the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you frequire to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket No.

PU020353

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TOTAL AMOUNT OF PAYMENT (\$) 1110.00

METHOD OF PAYMENT (C	heck all that a	pply)					
Check Cre	dit card	☐ Money C	rder	☐ None	Other (pl	ease identify):	
□ Deposit Account		count Number 07	<u>-0832</u>	Deposit Account	Name:	THOMSON LICENSI	NG LLC.
For the above-ider	tified depo	sit account, the	Director is here	eby authorized to: (ch			<u> = ==:</u>
					e(s) indicated	below, excep	t for the filing fee
☐ Charge an			derpayments	of 🛛 Credit any	overpaymen	ts	
fee(s) under 3 WARNING: Information of			blic. Credit card	information should no	ot be included or	n this form. Provi	de credit card
information and authoriz	ation on PT	O-2038.					
FEE CALCULATION			-				
1. BASIC FILING, SEA							•
	FILING	Small Entity	SEA	RCH FEES Small Entity	EXAMIN	ATION FEES Small E	ntitv
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
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Fee Description				•	E	ee (\$)	Fee (\$)
Each claim over 20 (include	ling Reissues	s)			50)	25
Each independent claim o	ver 3 (includi	ng Reissues)			20	0	100
Multiple dependent claims					36	-	180
Total Claims	<u>E</u> rHP=	tra Claims	Fee (\$)	Fee Paid (\$)		ultiple Depende ee (\$)	ent Claims Fee Paid (\$)
HP = highest number of to		id for, if greater th	an 20.		13	se (\$)	ree raid (4)
Independent Claims	<u>E</u> :	tra Claims	Fee (\$)	Fee Paid (\$)			
	HP =		x	=			
HP = highest number of in	dependent c	laims paid for, if g	reater than 3.				
3. APPLICATION SIZE	FEE						
If the specification and	drawings e	xceed 100 she	ets of paper (ex	cluding electronically	filed sequence	or computer	
listings under 37 CFR sheets or fraction there					ntity) for each a	dditional 50	
Total Sheets	Extra Sh	<u>ieets</u> <u>N</u>	umber of each	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(ro	und up to a whole nu	ımber) x		_ =
4. OTHER FEE(S)		4					Fees Paid (\$)
Extension for response	: with thire	i inonta					1110.00
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SUBMITTED BY					
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-4599
Signature	Men	9/1			Date: 1/25/10

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